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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/069,465
		Filing Date	10/29/2001
		First Named Inventor	Windass
		Group Art Unit	TBA
		Examiner Name	TBA
Total Number of Pages in This Submission	38	Attorney Docket Number	SYN-125

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Return Receipt Postcard		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Colleen Superko, Reg. No. 39,850)
Signature	
Date	03/14/2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited w/ the United States Postal Service with sufficient postage affixed, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date

3/14/02

Typed or printed name	Teresa Carvalho	
Signature		Date
	03 14/2002	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2002

MAR 25 2002

Patent fees are subject to annual revision.

PATENT &amp; TRADEMARK OFFICE

AMOUNT OF PAYMENT

(\$ 0.00)

**Complete if Known**

Application Number	10/069,465
Filing Date	10/29/2001
First Named Inventor	Windass
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	SYN-125

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **08-0219**Deposit Account Name **Hale and Dorr LLP** Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

 Check     Credit card     Money Order     Other
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

**SUBTOTAL (1) (\$)****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	<input type="text"/> X <input type="text"/> = <input type="text"/>	
Multiple Dependent	-3** =	<input type="text"/> X <input type="text"/> = <input type="text"/>	
		<input type="text"/> = <input type="text"/>	

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

\*\* Reissue independent claims over original patent

\*\* Reissue claims in excess of 20

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,280	241	640 Petition to revive - unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	

\*\* If number previous, paid if greater. For reissues see above

Reduced by basic filing fees

**SUBTOTAL (3) \$****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Colleen Superko	Registration No Attorne, Agent	39,850	Telephone	(617) 526-6564
Date				Date	03-14-2002

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John David Windass *et al.*  
Serial No.: 10/069,465  
Filing Date: October 29, 2001  
Title: METHODS FOR DETECTING LOW FREQUENCIES OF MUTATIONS  
Examiner: Not Yet Assigned  
Group Art Unit: Not Yet Assigned  
Attorney Docket No.: SYN-125

Assistant Commissioner for Patents  
Washington, D.C. 20231

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CERTIFICATE UNDER 37 CFR §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on the date set forth below.

March 14, 2002  
Date of Signature and of  
Mail Deposit

Teresa Carvalho

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INFORMATION DISCLOSURE STATEMENT  
WITH STATEMENT UNDER 37 C.F.R. § 1.97(b)(3)

Sir:

Applicants and their legal representatives hereby make of record on the attached PTO Form-1449 the following publications which are known to them and considered warranting disclosure under 37 C.F.R. §1.56. Copies of each of these publications are enclosed.

This Information Disclosure Statement is timely submitted by Applicants before the mailing of a first Office Action on the merits, pursuant to 37 C.F.R. §1.97(b)(3). The publications provided herein were cited as part of the International Search Report issued in *International Application No. PCT/US01/03333, filed March 14, 2001, and published as WO 01/73333 on September 20, 2001.*

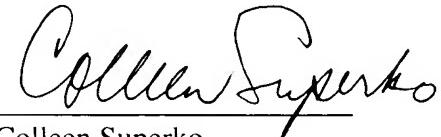
Applicants further declare that they have examined the cited material, or that no other relevant information exists. Nor shall the citation of any publication herein be construed *per se* as a representation

that such publication is prior art. Moreover, the Applicants understand that the Examiner will make an independent evaluation of the cited publications.

No fee is believed to due in connection with the filing of this Information Disclosure Statement. In the event a fee is due, please charge the appropriate fee or credit any overpayment to Deposit Account No. 08-0219.

Respectfully submitted,

Dated: March 14, 2002

  
Colleen Superko  
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